CERTIFICATION FOR INDIRECT COST RATE

P	PO Box 202501 lelena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0647	2-A	Dodson Elem		36	EL
Proposed Restric	eted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the electory oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Principl	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate		incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson Street Address or P.O. Box					
Printed Name of A	uthorized Official		Box 278 City	7	Lip Code
			Dodson		9524
Title			Date		
Send con	npleted form to: School Accounting of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

	202501 MT 59620-2501	Due May 31, 2004			
Legal Entity # Sc	hool Dist. #	School Name		County	Level
0648 C		Dodson H S		36	HS
Proposed Restricted	Indirect Cost Rate	e%(Round to nearest h	undredth (X.)	(X%) of a percent.)
INSTRUCTIONS: Compaphication should be sureturned upon approval	bmitted for the ele	. ,	• •		•
This is to certify that I have knowledge and belief:	ave reviewed the ir	ndirect cost rate propo	osal submitted he	rewith and to	o the best of my
(1) All costs included in allowable in accordance A-87, "Cost Principles for costs as indicated in the	with the requirement or State and Local	ents of the Federal av Governments." Unal	ward(s) to which t lowable costs hav	hey apply ar ve been adju	nd OMB Circular
(2) All costs included in casual relationship betw accordance with applica have not been claimed a and the Office of Public predetermined rate.	reen the expenses able requirements. as direct costs. In Instruction will be i	incurred and the agre Further, the same co addition, similar types notified of any accour	eements to which ests that have bee s of costs have be	they are allower treated as een accounted	ocated in indirect costs ed for consistently
I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson Street Address or P.O. Box					
Printed Name of Autho	prized Official		Box 278 City	7	ip Code
Fillited Name of Autho	onzeu Omciai		•		•
Title			Dodson Date	5	9524
C P	ed form to: school Accounting a office of Public Inst O Box 202501 lelena, MT 59620-	ruction			
S C P H	School Accounting a Office of Public Inst PO Box 202501 Jelena, MT 59620-	ruction	NDENT OF PUBL	IC INSTRU	CTION BY:
ACCEPTED ANI	School Accounting a Office of Public Inst PO Box 202501 Jelena, MT 59620-	ruction -2501 R THE SUPERINTE	NDENT OF PUBL	.IC INSTRU	CTION BY:

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 lelena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0653	7	Landusky Elem		36	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit wo be submitted for the electory or a submitted for the electory over the complete.					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my	
allowable in accorda	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which to which to which to which to which the ward to ward the ward to ward the ward to ward the ward to ward to ward the ward the ward to ward the ward the ward to ward the ward the ward to ward the ward the ward to ward the ward the ward to ward the ward the ward to ward the ward to ward the ward the ward to ward the ward the ward the ward to ward the ward the ward the ward the ward the	they apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently	
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box						
Printed Name of A	uthorized Official		HC 63 Box 5140 City		Zip Code	
			Dodson	5	59524	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

	O Box 202501 lelena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0657	В	Saco H S		36	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit wo submitted for the election of your rate.		• •		-
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	oosal submitted he	rewith and to	the best of my
allowable in accord A-87, "Cost Principl	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar /e been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		Box 298 City	Z	ip Code
			Saco	5	9261
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

	PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0659	14A	Malta K-12 School	S	36	K12
Proposed Restric	cted Indirect Cost R	ate%	(Round to nearest I	nundredth (X.)	XX%) of a percent.)
	be submitted for the e	with one copy of each elementary and high so			
This is to certify that knowledge and beli		indirect cost rate prop	osal submitted he	erewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ance with the require les for State and Loca	establish the final indir ments of the Federal a al Governments." Una termined Indirect Cost	ward(s) to which llowable costs ha	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clain	between the expense oplicable requirements ned as direct costs. I ublic Instruction will b	properly allocable to fees incurred and the ages. Further, the same of addition, similar types e notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in s indirect costs ed for consistently
	oregoing is true and coict Superintendent of		Street Address	or B.O. Boy	
Chairperson	ict Superintendent (or Board	PO Box 670	OI F.O. BOX	
Printed Name of A	uthorized Official		City	Z	Zip Code
			Malta	5	9538
Title			Date		
Send con	npleted form to: School Accountin Office of Public In PO Box 202501 Helena, MT 5962	struction			
ACCEPTED	AND APPROVED F	OR THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:
Ар	proved Rate for FY	2004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

Due May 31, 2004						
School Name	County	Level				
Whitewater K-12 Schools	36	K12				
e% (Round to near	est hundredth (X.)	XX%) of a percent.)				
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
ents of the Federal award(s) to wh Governments." Unallowable costs	ich they apply ar have been adju	nd OMB Circular				
incurred and the agreements to w Further, the same costs that have addition, similar types of costs have	hich they are allowed the high	ocated in s indirect costs ed for consistently				
root						
rect. Board Street Addre	ess or P.O. Box					
Board Street Address PO Box 46						
Board Street Address PO Box 46 City	Z	Zip Code				
Board Street Address PO Box 46	Z					
Board Street Address PO Box 46 City Whitewater	Z	Zip Code				
Board Street Address PO Box 46 City Whitewater	Z	Zip Code				
Board PO Box 46 City Whitewater Date and Budgeting truction	Z	Zip Code 595440046				
Board Street Address PO Box 46 City Whitewater Date and Budgeting cruction -2501	UBLIC INSTRU	Zip Code 595440046				
	Whitewater K-12 Schools e	Whitewater K-12 Schools 6% (Round to nearest hundredth (X.Z. with one copy of each application for Indirect Cost Fementary and high school district. A copy of this ce				

CERTIFICATION FOR INDIRECT COST RATE

	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
1203	12A	Saco Elem		36	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we submitted for the electory or an arms.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar /e been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.		incurred and the agi Further, the same c addition, similar type notified of any accou	reements to which osts that have been soft costs have been soften	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and corr ct Superintendent or		Street Address	or P.O. Box	
Chairperson	•		Box 298		
Printed Name of A	uthorized Official		City	Z	ip Code
			Saco	5	9261
Title			Date		
Send com	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRUC	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		
		l l			